

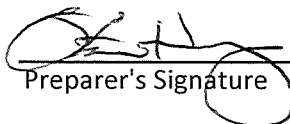
Office of the United States Trustee  
District of Minnesota

Case Name: Strategic Pork Solutions LLC  
Case Number: 24-31355

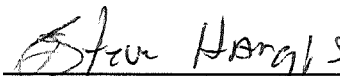
Summary of Cash Receipts and Disbursements  
For the Quarter Ending

	<u>APR</u> Month	<u>MAY</u> Month	<u>Jun</u> Month	Total for Calendar Quarter
Total Receipts	\$ 25,322.46	\$ 46,554.40	\$ 39,599.86	\$ 111,476.72
Total Disbursements	\$ 22,674.85	\$ 79,200.40	\$ 40,249.86	\$ 142,125.11

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS  
QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

  
Preparer's Signature

\_\_\_\_\_  
Debtor or Officer of Debtor

  
Print Name of Preparer

\_\_\_\_\_  
Print Name of Signature

7/18/24  
Date

Fill in this information to identify the case:

Debtor Name STRATEGIC ROCK SOLUTIONS LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of MN

Case number: 24-31355

☐ Check if this is an amended filing

## Official Form 425C

## Monthly Operating Report for Small Business Under Chapter 11

12/17

Month:

July 2024

Date report filed:

07/18 2024  
MM/DD/YYYY

Line of business:

Agriculture

NAISC code: \_\_\_\_\_

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: \_\_\_\_\_

Original signature of responsible party \_\_\_\_\_

Printed name of responsible party \_\_\_\_\_

**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

**If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.**

Yes No N/A

- |  |                                     |                                     |                                     |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Did the business operate during the entire reporting period?                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2. Do you plan to continue to operate the business next month?                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3. Have you paid all of your bills on time?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4. Did you pay your employees on time?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6. Have you timely filed your tax returns and paid all of your taxes?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7. Have you timely filed all other required government filings?                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.**

- |   |                                     |                                     |                          |
|---|-------------------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses?                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf?                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name \_\_\_\_\_

Case number 24-31355

17. Have you paid any bills you owed before you filed bankruptcy? ☐ ☒ ☐
18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy? ☐ ☒ ☐

## 2. Summary of Cash Activity for All Accounts

### 19. Total opening balance of all accounts

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

\$ 0

### 20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.

\$ 0

### 21. Total cash disbursements

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.

- \$ 0

### 22. Net cash flow

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.

+ \$ 0

### 23. Cash on hand at the end of the month

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 0

## 3. Unpaid Bills

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

### 24. Total payables

(*Exhibit E*)

49,332  
\$ 49,332

Debtor Name \_\_\_\_\_

Case number 24-31355

#### 4. Money Owed to You

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. Total receivables

(Exhibit F)

*See Accounts Receivable  
provided*

\$ 450,000

#### 5. Employees

26. What was the number of employees when the case was filed?

0

27. What is the number of employees as of the date of this monthly report?

0

#### 6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case?

\$ 0

29. How much have you paid in professional fees related to this bankruptcy case since the case was filed?

\$ 0

30. How much have you paid this month in other professional fees?

\$ 0

31. How much have you paid in total other professional fees since filing the case?

\$ 0

#### 7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>0</u>	—	\$ <u>0</u>	=	\$ <u>0</u>
33. Cash disbursements	\$ <u>0</u>	—	\$ <u>0</u>	=	\$ <u>0</u>
34. Net cash flow	\$ <u>0</u>	—	\$ <u>0</u>	=	\$ <u>0</u>

35. Total projected cash receipts for the next month:

\$ 0

36. Total projected cash disbursements for the next month:

— \$ 0

37. Total projected net cash flow for the next month:

= \$ 0

Debtor Name \_\_\_\_\_

Case number 24-31355

## 8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers). *N/A Thru 6.30.24*
- ☒ 39. Bank reconciliation reports for each account. *N/A*
- ☐ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet. *NO Active Transactions.*
- ☐ 41. Budget, projection, or forecast reports. *Liquidation of All Co. Assets expected.*
- ☐ 42. Project, job costing, or work-in-progress reports. *N/A*

Fill in this information to identify the case:

Page 6 of 25

Debtor Name STRATEGIC PERK SOLUTIONS LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of MN  
(State)

Case number: 24-31355

## Official Form 426

# Periodic Report Regarding Value, Operations, and Profitability of Entities in Which the Debtor's Estate Holds a Substantial or Controlling Interest

12/17

This is the *Periodic Report* as of 7-18-24 on the value, operations, and profitability of those entities in which a Debtor holds, or two or more Debtors collectively hold, a substantial or controlling interest (a "Controlled Non-Debtor Entity"), as required by Bankruptcy Rule 2015.3. For purposes of this form, "Debtor" shall include the estate of such Debtor.

[Name of Debtor] holds a substantial or controlling interest in the following entities:

Name of Controlled Non-Debtor Entity	Interest of the Debtor	Tab #

This *Periodic Report* contains separate reports (*Entity Reports*) on the value, operations, and profitability of each Controlled Non-Debtor Entity.

Each *Entity Report* consists of five exhibits.

*Exhibit A* contains the most recently available: balance sheet, statement of income (*loss*), statement of cash flows, and a statement of changes in shareholders' or partners' equity (*deficit*) for the period covered by the *Entity Report*, along with summarized footnotes.

*Exhibit B* describes the Controlled Non-Debtor Entity's business operations.

*Exhibit C* describes claims between the Controlled Non-Debtor Entity and any other Controlled Non-Debtor Entity.

*Exhibit D* describes how federal, state or local taxes, and any tax attributes, refunds, or other benefits, have been allocated between or among the Controlled Non-Debtor Entity and any Debtor or any other Controlled Non-Debtor Entity and includes a copy of each tax sharing or tax allocation agreement to which the Controlled Non-Debtor Entity is a party with any other Controlled Non-Debtor Entity.

*Exhibit E* describes any payment, by the Controlled Non-Debtor Entity, of any claims, administrative expenses or professional fees that have been or could be asserted against any Debtor, or the incurrence of any obligation to make such payments, together with the reason for the entity's payment thereof or incurrence of any obligation with respect thereto.


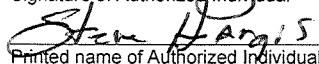
This *Periodic Report* must be signed by a representative of the trustee or debtor in possession.

Debtor Name \_\_\_\_\_

Case number 24-31355

The undersigned, having reviewed the *Entity Reports* for each Controlled Non-Debtor Entity, and being familiar with the Debtor's financial affairs, verifies under the penalty of perjury that to the best of his or her knowledge, (i) this *Periodic Report* and the attached *Entity Reports* are complete, accurate, and truthful to the best of his or her knowledge, and (ii) the Debtor did not cause the creation of any entity with actual deliberate intent to evade the requirements of Bankruptcy Rule 2015.3

For non-individual Debtors:

☒   
\_\_\_\_\_  
Signature of Authorized Individual  
  
\_\_\_\_\_  
Printed name of Authorized Individual  
Date 07/18/2024  
MM / DD / YYYY

For individual Debtors:

☒ \_\_\_\_\_  
Signature of Debtor 1  
\_\_\_\_\_  
Printed name of Debtor 1  
Date \_\_\_\_\_  
MM / DD / YYYY

☒ \_\_\_\_\_  
Signature of Debtor 2  
\_\_\_\_\_  
Printed name of Debtor 2  
Date \_\_\_\_\_  
MM / DD / YYYY

Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit A: Financial Statements for [Name of Controlled Non-Debtor Entity]**

1. There is nothing to operate, No employees, no customers, Shareholders maintaining empty sites.
2. Same as #1
3. No income, Barns have been vacant for months.
4. No employees
5. No DIP Account yet haven't found Cooperative Bank. no funds to deposit.
6. Tax extension has been filed for 2023 Return.
9. Working with Secondary markets on insurance no Company will insure Abandoned Buildings.
13. When Barns were vacated Pre-Petition Insurance would only insure me privately when I Requested SPS be Added as insured they dropped us.



Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit A-1: Balance Sheet for [Name of Controlled Non-Debtor Entity] as of [date]**

[Provide a balance sheet dated as of the end of the most recent 3-month period of the current fiscal year and as of the end of the preceding fiscal year.

Describe the source of this information.]

Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit A-2: Statement of Income (*Loss*) for [Name of Controlled Non-Debtor Entity] for period ending [date]**

[Provide a statement of income (*loss*) for the following periods:

(i) For the initial report:

- a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and
- b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit A-3: Statement of Cash Flows for [Name of Controlled Non-Debtor Entity] for period ending [date]**

[Provide a statement of changes in cash position for the following periods:

(i) For the initial report:

- a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and
- b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit A-4: Statement of Changes in Shareholders'/Partners' Equity (*Deficit*) for [Name of Controlled Non-Debtor Entity]  
for period ending [date]**

[Provide a statement of changes in shareholders'/partners equity (*deficit*) for the following periods:

(i) For the initial report:

a. the period between the end of the preceding fiscal year and the end of the most recent 3-month period of the current fiscal year; and

b. the prior fiscal year.

(ii) For subsequent reports, since the closing date of the last report.

Describe the source of this information.]

Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit B: Description of Operations for [Name of Controlled Non-Debtor Entity]**

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[Describe the nature and extent of the Debtor's interest in the Controlled Non-Debtor Entity.

Describe the business conducted and intended to be conducted by the Controlled Non-Debtor Entity, focusing on the entity's dominant business segments.

Describe the source of this information.]

Debtor Name \_\_\_\_\_

Case number 24-31355

**Exhibit C: Description of Intercompany Claims**

[List and describe the Controlled Non-Debtor Entity's claims against any other Controlled Non-Debtor Entity, together with the basis for such claims and whether each claim is contingent, unliquidated or disputed.

Describe the source of this information.]

**BANK ACCOUNT REPORTING FORM**Case Name Strategic Park Solutions LLC Case No. 24-31355

(This is a master form. Signed copies of this form should be used for providing information if the debtor has more than four accounts. Copies should also be used for reporting on accounts which the debtor opens or closes after the submission of the initial form.)

<u>DEPOSITORY INSTITUTION</u>	<u>ACCOUNT DESCRIPTION</u> (ie. Payroll or tax acct. etc.)	<u>ACCOUNT NO.</u>	<u>DATE</u> <u>ACCOUNT</u> <u>OPENED</u>
Name: <u>Security Bank of MN</u>	<u>Business Acct.</u>		<u>Aug 1</u>
Address: <u>437 Bridge Avenue</u>		<u>472</u>	<u>2008</u>
<u>Albert Lea, MN 56007</u>			<u>2012</u>
Phone: <u>1481</u>			
Contact Person: <u>PAUL TREE</u>			
Name: _____	_____	_____	_____
Address: _____	_____	_____	_____
Phone: _____	_____	_____	_____
Contact Person: _____	_____	_____	_____
Name: _____	_____	_____	_____
Address: _____	_____	_____	_____
Phone: _____	_____	_____	_____
Contact Person: _____	_____	_____	_____
Name: _____	_____	_____	_____
Address: _____	_____	_____	_____
Phone: _____	_____	_____	_____
Contact Person: _____	_____	_____	_____

I/we certify that the above is a complete report of all bank accounts/investments owned by the debtor as of the date of the filing of debtor's petition or, where applicable, opened or closed by debtor after the submission of the initial form.

I/we certify that all above-listed depository institutions have been notified of the date and place of the filing of this chapter 11 petition.

In addition, I/we hereby authorize any accredited representative of the United States Trustees Office to obtain any information from the above listed financial institutions. This information may include, but is not limited to, bank statements, signature cards, canceled checks, correspondence and other documentation for all accounts listed hereon.

THE UNDERSIGNED DECLARES UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND ACCURATE.

DATE: 7-18-24SIGNATURE(S): [Signature]

(A copy of this form must be signed by all persons who are authorized signatories on the accounts listed above.)

STRATEGIC PORK SOLUTIONS LLC  
STEVEN L HARGIS JR, Auth signer  
126 S BROADWAY  
WELLS MN 56097

4

**ALBERT LEA**  
437 BRIDGE AVE. • ALBERT LEA, MN 56007  
507-373-1481

**EMMONS**  
201 MAIN ST. • EMMONS, MN 56029  
507-297-5461

**ALDEN**  
195 N. BROADWAY • ALDEN, MN 56009  
507-874-3363

**MEMBER  
FDIC**

ACCOUNT NUMBER

XXXXXX1136

STATEMENT DATE

Apr 30, 2024

Pg 1 of 2

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
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Proud to serve the local community for 117 years. We thank you, our valued customers for your continued business.

PRIVACY NOTICE...Federal law requires us to tell you about how we collect, share and protect your personal information. Our policy has not changed, and you may review our policy and practices with respect to your personal information at [www.securitybankmn.com](http://www.securitybankmn.com)

Commercial Chkg					
04/01/2024	Beginning Balance				595.97
	3 Deposits/Other Credits			+	25,322.46
	7 Checks/Other Debits			-	22,674.85
04/30/2024	Ending Balance	30 Days in Statement Period			3,243.58

----- Deposits/Other Credits -----					
04/08/2024	Deposit				12,808.08
04/16/2024	Non Check Return				3,764.38
	Ret-R01 Insufficient Funds				
04/29/2024	Deposit				8,750.00

----- Checks listed in numerical order; (*) indicates gap in sequence -----					
Check	Date	Amount	Check	Date	Amount
04/11		13,209.05	12534	04/08	150.00

----- Other Debits -----					
04/11/2024	Service Charge	REMOTE DEP SERVICE CHARGE			45.00
04/15/2024	ACH Payment	NEUBAUER OIL CO INVOICE			3,764.38
04/16/2024	Return Item Charge				30.00
	Item(s) Presented 04/15/2024				
04/30/2024	Transfer Withdrawl				2,596.76
	To Loan XXXXXX1783 per Paul				
04/30/2024	Transfer Withdrawl				2,879.66
	To Loan XXXXXX1770 per Paul				

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$ .00	\$ 50.00
Total Returned Item Fees	\$ 30.00	\$ 120.00

----- Daily Ending Balance -----					
04/01	595.97	04/08	13,254.05	04/11	0.00





STRATEGIC PORK SOLUTIONS LLC  
STEVEN L HARGIS JR Auth signer  
126 S BROADWAY  
WELLS MN 56097

**ALBERT LEA**  
437 BRIDGE AVE. • ALBERT LEA, MN 56007  
507-373-1481

**EMMONS**  
201 MAIN ST. • EMMONS, MN 56029  
507-297-5461

**ALDEN**  
195 N. BROADWAY • ALDEN, MN 56009  
507-874-3363

ACCOUNT NUMBER

131136

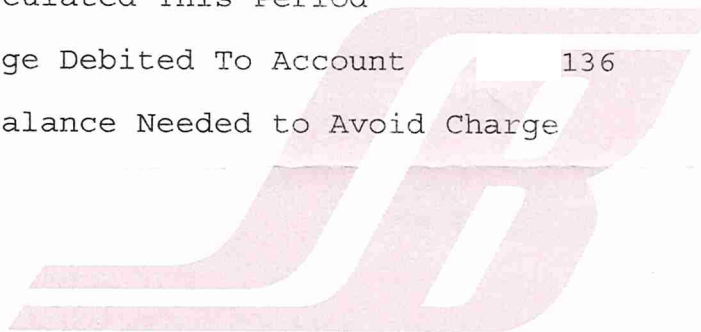
STATEMENT DATE

Apr 30, 2024

\*\*\*\*\* Account Analysis Report \*\*\*\*\* kh Pg 1 of 1



DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
Activity	04/01/2024 Thru 04/30/2024		30 Days in Cycle		
	Average Ledger Balance			1,724.77	
	Less: Uncollected Funds	-		703.60	
	Average Collected Balance			1,021.17	
	Less: Reserves ( 0.0000%)	-		0.00	
	Investable Balance			1,021.17	
	Earn Credit Allowance( 0.0000%)(	1,021.17	@ 0.0000%)		0.00
Transaction Type	Vol/Units	Per	Unit Cost	Total Inv Bal	Req
Check	2.00		0.0000	0.00	0
	1.00	1	0.0000	0.00	0
	Total Costs			0.00	
	Analysis Charge Calculated This Period				0.00
	Analysis Credit Calculated This Period				0.00
	Total Analysis Charge Debited To Account	136			0.00
	Investable Balance Needed to Avoid Charge				0.00



STRATEGIC PORK SOLUTIONS LLC

**ALBERT LEA**  
437 BRIDGE AVE. • ALBERT LEA, MN 56007  
507-373-1481

•

**EMMONS**  
201 MAIN ST. • EMMONS, MN 56029  
507-297-5461

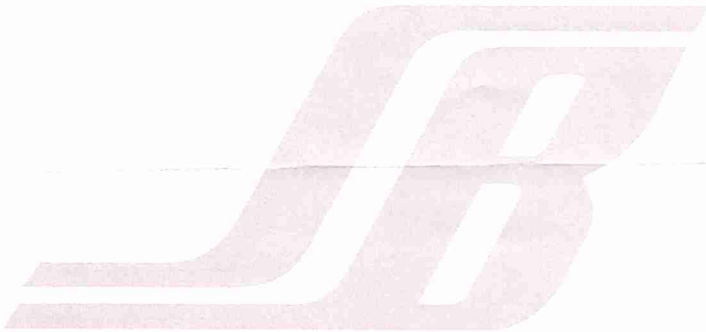
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**ALDEN**  
195 N. BROADWAY • ALDEN, MN 56009  
507-874-3363

**MEMBER  
FDIC**

ACCOUNT NUMBER
XXXXXX1136
STATEMENT DATE
Apr 30, 2024
Pg 2 of 2

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
		Daily Ending Balance			
04/15	3,764.38-	04/29	8,720.00	04/30	3,243.58
04/16	30.00-				



SECURITY BANK MINNESOTA  
475 Brady Ave.  
P.O. Box 345  
Arden Hills, MN 55120  
(612) 933-3333

CHECKING DEPOSIT

☒ CASH

DATE 4/8/2024

NAME Strategic Pork Solutions

ACCOUNT NUMBER  
\* 131136

TOTAL FROM OTHER SIDE  
12808.08

SLB TOTAL

LESS CASH RECEIVED

NET DEPOSIT \$ 12808.08

136# 151

\$12,808.08 4/8/2024

SECURITY BANK MINNESOTA  
475 Brady Ave.  
P.O. Box 345  
Arden Hills, MN 55120  
(612) 933-3333

CHECKING DEPOSIT

☒ CASH

DATE 4-29-24

NAME Strategic Pork

ACCOUNT NUMBER  
\* 131136

TOTAL FROM OTHER SIDE  
8750.00

SLB TOTAL

LESS CASH RECEIVED

NET DEPOSIT \$ 8750.00

136# 151

\$8,750.00 4/29/2024

DEBIT  
MISCELLANEOUS

Signature per Paul

Account Name Strategic Pork Solutions DATE 4-11-24

DESCRIPTION Loan payments

ACCOUNT NUMBER  
\* 136

TRAIL CODE  
\* 101

AMOUNT  
\$ 13209.05

136# 101

0 \$13,209.05 4/11/2024

STRATEGIC PORK SOLUTIONS LLC  
126 South Broadway  
Wash. Ave. 50097  
507-554-XXXX

SECURITY BANK MINNESOTA  
75-839/919

4/4/24 12534

PAY TO THE ORDER OF Oulligan

One Hundred Fifty 00/100

07313299

MEMO Final Payment

\$150.00/100 DOLLARS

136#

12534 \$150.00 4/8/2024

STRATEGIC PORK SOLUTIONS LLC  
STEVEN L HARGIS JR, Auth signer  
126 S BROADWAY  
WELLS MN 56097

2

**ALBERT LEA**  
437 BRIDGE AVE. • ALBERT LEA, MN 56007  
507-373-1481

**EMMONS**  
201 MAIN ST. • EMMONS, MN 56029  
507-297-5461

**ALDEN**  
195 N. BROADWAY • ALDEN, MN 56009  
507-874-3363

**MEMBER  
FDIC**

ACCOUNT NUMBER

XXXXXX1136

STATEMENT DATE

May 31, 2024

Pg 1 of 2

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
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Proud to serve the local community for 117 years. We thank you, our valued customers for your continued business.

PRIVACY NOTICE...Federal law requires us to tell you about how we collect, share and protect your personal information. Our policy has not changed, and you may review our policy and practices with respect to your personal information at [www.securitybankmn.com](http://www.securitybankmn.com)

05/01/2024	Beginning Balance				3,243.58
	4 Deposits/Other Credits			+	4,655.40
	7 Checks/Other Debits			-	7,920.40
05/31/2024	Ending Balance	31 Days in Statement Period			21.42-

Deposits/Other Credits					
05/01/2024	Deposit				340.00
05/08/2024	Check Returned		12533		275.51
	Ret-NSF Not Sufficient Funds				
05/10/2024	Check Returned		12533		275.51
	Ret-NSF Not Sufficient Funds				
05/16/2024	Non Check Return				3,764.38
	Ret-R01 Insufficient Funds				

Checks listed in numerical order; (*) indicates gap in sequence					
Check	Date	Amount	Check	Date	Amount
12533	05/07	275.51	12535*	05/01	3,500.00
12533*	05/09	275.51			

Other Debits					
05/08/2024	Return Item Charge				30.00
	Item(s) Presented 05/07/2024				
05/10/2024	Service Charge	REMOTE DEP SERVICE CHARGE			45.00
05/15/2024	ACH Payment	NEUBAUER OIL CO INVOICE			3,764.38
05/16/2024	Return Item Charge				30.00
	Item(s) Presented 05/15/2024				

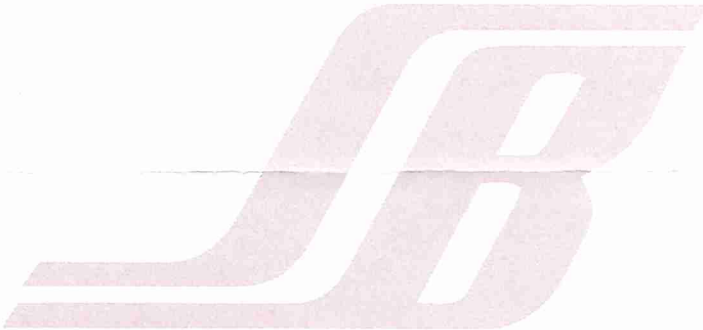
	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$ .00	\$ 50.00
Total Returned Item Fees	\$ 60.00	\$ 180.00

STRATEGIC PORK SOLUTIONS LLC

ACCOUNT NUMBER
XXXXXX1136
STATEMENT DATE
May 31, 2024

Pg 2 of 2

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
----- Daily Ending Balance -----					
05/01	83.58	05/09	221.93-	05/15	3,755.80-
05/07	191.93-	05/10	8.58	05/16	21.42-
05/08	53.58				





STRATEGIC PORK SOLUTIONS LLC  
STEVEN L HARGIS JR Auth signer  
126 S BROADWAY  
WELLS MN 56097



**ALBERT LEA**  
437 BRIDGE AVE. • ALBERT LEA, MN 56007  
507-373-1481

**EMMONS**  
201 MAIN ST. • EMMONS, MN 56029  
507-297-5461

**ALDEN**  
195 N. BROADWAY • ALDEN, MN 56009  
507-874-3363

MEMBER  
**FDIC**

ACCOUNT NUMBER

XXXXXX1136

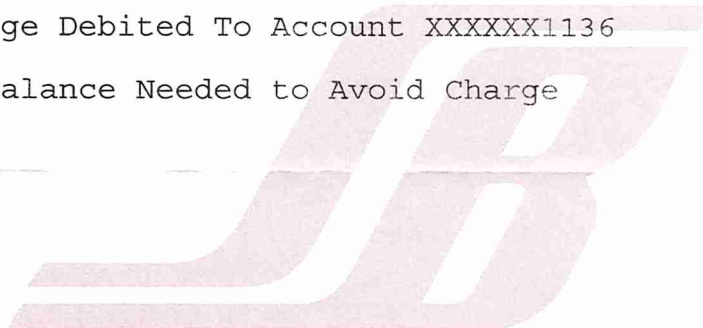
STATEMENT DATE

May 31, 2024

\*\*\*\*\* Account Analysis Report \*\*\*\*\* kh Pg 1 of 1

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
Activity	05/01/2024 Thru 05/31/2024		31 Days in Cycle		
	Average Ledger Balance			126.27-	
	Less: Uncollected Funds		-	0.00	
	Average Collected Balance			126.27-	
	Less: Reserves ( 0.0000%)		-	0.00	
	Investable Balance			126.27-	
	Earn Credit Allowance( 0.0000%)(		126.27- @ 0.0000%)		0.00
Transaction Type	Vol/Units	Per	Unit Cost	Total Inv Bal Req	
Check	3.00	1	0.0000	0.00	0
	Total Costs			0.00	

Analysis Charge Calculated This Period 0.00  
Analysis Credit Calculated This Period 0.00  
Total Analysis Charge Debited To Account XXXXXX1136 0.00  
Investable Balance Needed to Avoid Charge 0.00



STRATEGIC PORK SOLUTIONS LLC  
STEVEN L HARGIS JR, Auth signer  
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0

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FDIC**

ACCOUNT NUMBER

XXXXXX1136

STATEMENT DATE

Jun 30, 2024

Pg 1 of 2

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
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Proud to serve the local community for 117 years. We thank you, our valued customers for your continued business.

PRIVACY NOTICE...Federal law requires us to tell you about how we collect, share and protect your personal information. Our policy has not changed, and you may review our policy and practices with respect to your personal information at [www.securitybankmn.com](http://www.securitybankmn.com)

Commercial Chkg					
06/01/2024	Beginning Balance				21.42-
	1 Deposits/Other Credits			+	3,959.86
	9 Checks/Other Debits			-	4,024.86
06/30/2024	Ending Balance	30 Days in Statement Period			86.42-

----- Deposits/Other Credits -----				
06/18/2024	Non Check Return			3,959.86
	Ret-R01 Insufficient Funds			

----- Other Debits -----				
06/17/2024	ACH Payment	NEUBAUER OIL CO INVOICE		3,959.86
06/18/2024	Return Item Charge			30.00
	Item(s) Presented 06/17/2024			
06/20/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			
06/21/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			
06/24/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			
06/25/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			
06/26/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			
06/27/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			
06/28/2024	Overdraft Charge			5.00
	Continuous Negative Balance Fee			

	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$ 35.00	\$ 85.00
Total Returned Item Fees	\$ 30.00	\$ 210.00

STRATEGIC PORK SOLUTIONS LLC  
STEVEN L HARGIS JR Auth signer  
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ACCOUNT NUMBER
XXXXXX1136
STATEMENT DATE
Jun 30, 2024

\*\*\*\*\* Account Analysis Report \*\*\*\*\* kh Pg 1 of 1

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
Activity	06/01/2024 Thru 06/30/2024		30 Days in Cycle		
	Average Ledger Balance			174.08-	
	Less: Uncollected Funds		-	0.00	
	Average Collected Balance			174.08-	
	Less: Reserves ( 0.0000%)		-	0.00	
	Investable Balance			174.08-	
	Earn Credit Allowance( 0.0000%)(		174.08- @ 0.0000%)		0.00
Transaction Type	Vol/Units	Per	Unit Cost	Total Inv Bal Req	
-----					
	Total Costs			0.00	
	Analysis Charge Calculated This Period				0.00
	Analysis Credit Calculated This Period				0.00
	Total Analysis Charge Debited To Account XXXXXX1136				0.00
	Investable Balance Needed to Avoid Charge				0.00



STRATEGIC PORK SOLUTIONS LLC

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FDIC**

ACCOUNT NUMBER
XXXXXX1136
STATEMENT DATE
Jun 30, 2024

Pg 2 of 2

DATE	DESCRIPTION	REFERENCE	CHECK NO.	AMOUNT	BALANCE
Daily Ending Balance					
06/01	21.42-	06/21	61.42-	06/26	76.42-
06/17	3,981.28-	06/24	66.42-	06/27	81.42-
06/18	51.42-	06/25	71.42-	06/28	86.42-
06/20	56.42-				

